

1433

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4325

1. Place of Death: (a) County Gila (b) City or Town Central Heights Location Central & Braley St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 25 Yrs In Arizona 58 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Central Hts.
(If outside city limits also write RURAL)
(d) Street No. Central & Braley St. (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Robert Lee Penrod (b) If Veteran name wife NO (c) Social Security No. 526-12-5747

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Divorced
7. (b) Name of husband or wife Clara Clark 6. (c) Age of husband or wife, if alive 49 yrs.
7. Birthdate of deceased October 9, 1879
8. AGE: Years 68 Months 10 Days 27 If less than one day hrs. min.
9. Birthplace Albany, Texas (City, town or county) (State or Country)
10. Usual Occupation Cow puncher
11. Industry or Business Agriculture
12. Name Dave Penrod
13. Birthplace Illinois (City, town or county) (State or Country)
14. Maiden Name Sarah Wilson
15. Birthplace Tennessee (City, town or county) (State or Country)

16. (a) Informant's own signature Robert Lee Penrod
(b) Address P.O. Box 169 Miami
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe Cemetery Date 8/9/48
18. (a) Embalmer's Signature Frank D. Smith
(b) Funeral Director Frank D. Smith
(c) Address 328 So. Hill St., Globe, Ariz
19. (a) Aug. 13-48 (Date received Local Registrar)
(b) Doree Lawrence (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) August 6, 1948
TIME (Hour and minute) 10:00 p.m. M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Natural Causes
Due to _____
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature John Carpenter - Coroner
Address Miami, Fla Date signed 8-11-48

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically